# PATENT APPLICATION FEE DETERMINATION RECORD
## Effective October 1, 2000

| Application or Docket Number |
| --- |
| |

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
| --- | --- | --- |
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS 16, | 17 minus 20= | * |
| INDEPENDENT CLAIMS 1 | 2 minus 3 = | * 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT ☐ | | |

| SMALL ENTITY TYPE ☐ | | OR | OTHER THAN SMALL ENTITY | |
| --- | --- | --- | --- | --- |
| RATE | FEE | | RATE | FEE |
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X$ 9= | | OR | X$18= | |
| X40= | | OR | X80= | 80 |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | 798 |

* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

### AMENDMENT A

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
| --- | --- | --- | --- |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐ | | | |

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| --- | --- | --- | --- | --- |
| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
| X$ 9= | | OR | X$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

### AMENDMENT B

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
| --- | --- | --- | --- |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐ | | | |

| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
| --- | --- | --- | --- | --- |
| X$ 9= | | OR | X$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

### AMENDMENT C

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
| --- | --- | --- | --- |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐ | | | |

| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
| --- | --- | --- | --- | --- |
| X$ 9= | | OR | X$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

# UNITED STATES PATENT & TRADEMARK OFFICE
## Washington, D.C. 20231

### REQUEST FOR PATENT FEE REFUND

| 1 Date of Request: 5|14|03 | 2 Serial/Patent # 09|784,829 |
|---|---|

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---|---|---|---|
| Filing | | | $ |
| Amendment | | | $ |
| Extension of Time | | | $ |
| Notice of Appeal/Appeal | | | $ |
| ✓ Petition | 7 | 2/27/03 | $ 130.00 |
| Issue | | | $ |
| Cert of Correction/Terminal Disc. | | | $ |
| Maintenance | | | $ |
| Assignment | | | $ |
| Other | | | $ |

**7 TOTAL AMOUNT OF REFUND** $130.00

**8 TO BE REFUNDED BY:**

| | |
|---|---|
| | Treasury Check |
| ✓ | Credit Deposit A/C #: |

9 | 0 | 8 | -- | 0 | 7 | 5 | 0 |

**10 REASON:**

| | |
|---|---|
| | Overpayment |
| | Duplicate Payment |
| ✓ | No Fee Due (Explanation): |

Petition dismissed as moot

**11 REFUND REQUESTED BY:**

TYPED/PRINTED NAME: Cliff Congo   TITLE: Petitions Attorney

SIGNATURE: Cliff Congo   PHONE: 305-0272

OFFICE: Petitions

*********************************************************************
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: 5/15/03

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance**
**Refund Branch**
**Crystal Park One, Room 802B**